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					Deborah Wyke			(Depositor's name)	
				Will		$\int_{\gamma} d$	(Signature)		
				l I	March 11, 20	09	)	(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE		R ATTORNEY DOCK		RNEY DOCKET NO.	CONFIRMATION NO.	
10/071,174 02/07/2002			······································	John C. Reed	8014-014 US			2991	
TITLE OF INVENTION	i: APOPTOSIS MODUL	ATOR	BCL-B AND MI	ETHODS FOR MAKING A	AND USING SAM	Ē		2231	
APPLN, TYPE	SMALL ENTITY	189	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$755	\$300	\$0		\$1055	03/11/2009	
EXAMINER			ART UNIT CLASS-SUBCLAS						
ANGELL, JON E 16			1635	536-023500					
Change of correspondence address or indication of "Fee Address" (3: CFR 1.363).  Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			Correspondence	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	For printing on the patent front page, list  1) the names of up to 3 registered patent attorneys ragents OR, alternatively,  2) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.				
PLEASE NOTE: Unlo recordation as set forth (A) NAME OF ASSIC Burnham Insti	ess an assignee is identi in 37 CFR 3.11. Comp NEE tute for Medica	fied bel letion o	ow, no assignee f this form is NO search	THE PATENT (print or typ data will appear on the pa I a substitute for filing an a (B) RESIDENCE: (CITY La Jolla, CA	tent, If an assigne issignment, and STATE OR Co	TNUC	RY)		
lease check the appropris	nte assignee category or o	categori	es (will not be pri	inted on the patent):	Individua) 🖾 Cor	poratio	on or other private grou	p entity Government	
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a. Applicant claims	s (from status indicated SMALL ENTITY status	. See 37	CFR 1.27.	b. Applicant is no longe	er claiming SMALI	LENT	ITY status. See 37 CFR	1.27(g)(2)	
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